

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LEADER ASSOCIATES LLC

Account Number : I20180000056 : (954)998-3963 : (954)697-0359 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

FLORIDA LIMITED LIABILITY CO.

Fossati LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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To: 18506176381 Page: 2 of 3 2021-06-02 18:29:30 UTC 19546970359 From: Leonardo Resende

DocuSign Envelope ID: AB2E90A5-5D8C-4A75-887A-C1D4E6F2098A

ARTICLES OF ORGANIZATION FOR LIMITED LIABILITY COMPANY

ARTICLE I - NAME

The name of the Limited Liability Company shall be

FOSSATI LLC

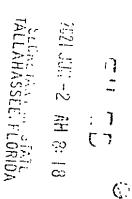
ARTICLE II - ADDRESS

The Principal street address of the Limited Liability Company shall be

12095 LAKE TRAIL LN

PARKLAND, FL 33076

The Mailing address of the Limited Liability Company shall be SAME AS PRINCIPAL



ARTICLE III - REGISTERED AGENT

The name and Florida street address (PO BOX not acceptable) of the Registered Agent are

RAFAELA FOSSATI

12095 LAKE TRAIL LN

PARKLAND, FL 33076

Having been named as Registered Agent and to accept service of process for the above Limited Liability Company at the place designated in this Certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent for in Chapter 605, F.S.

- Docusigned by:

- FF5600C7C12904FB .

Registered Agent (Signature)

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ARTICLE IV - MANAGERS

The name and address of each person authorized to manage and control the Limited Liability Company shall be

Name: RAFAELA FOSSATI

Title: MGR

Address: 12095 LAKE TRAIL LN
PARKLAND, FL 33076

ARTICLE V – EFFECTIVE DATE

Effective date shall be the filling date.

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REQUIRED SIGNATURE:

DocuSigned by:	6/2/2021	
RAFAELA FOSSATI - Member or AMBR	Date	